

21 Date received

7/28, 1941

E. A. Mahoney
Signature of Registrar or Subregistrar

(e) Means of injury

25 Signature

R. E. Brodie

M.D.

Address

Albion

Date

7/26/41

Burial or
Transit

Permit issued by

E. A. Mahoney

Date of issue

7/28/1941

Registered No. 56

(No. 618 Moore

(If a hospital or institution, give its NAME instead of street and number)

St. _____

Ward) _____

Length of stay in hospital or institution _____ yrs. _____ mos. _____ ds. Town, village or city 50 yrs. _____ mos. _____ ds.

2 Usual residence

of deceased: State

N.Y.

County

Orleans

Town

Albion

City or
Village

Albion

No. 618 Moore

St.

Is residence within limits of city or incorporated village? yes

3 Full Name

Johanna Zwikka

4 (a) Social Security
No. _____

4 (b) If Veteran,
Name War _____

5 Sex

Female

6 COLOR OR RACE

White

7 Single, Married, Widowed, or
Divorced (Write the word)

Widow

8 IF MARRIED, WIDOWED OR DIVORCED, Name of

Husband

(or) Wife

Andrew Zwikka

Age if alive

_____ years

9 DATE OF BIRTH (month, day, year)

Jan 29 1867

10 AGE

Years

74

Months

6

Days

7

IF LESS than 1
day _____ hrs.
or _____ min.

11 Usual occupation

Housewife

12 Industry or business

own home

13 BIRTHPLACE (City or Town)
(State or Country)

Poland

FATHER 14 NAME

John Schmitz

15 BIRTHPLACE (City or Town)
(State or Country)

Poland

MOTHER

16 MAIDEN NAME

Helena Andierski

17 BIRTHPLACE (City or Town)
(State or Country)

Poland

18 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Informant's own
signature

Martin Zwikka

Address

Albion N.Y.

19 PLACE OF BURIAL, CREMATION
OR REMOVAL

St. Joseph Albion

DATE OF BURIAL

Aug 9 1941

20 UNDERTAKER OR PERSON
IN CHARGE (Signature)

Leon C. Grumel

ADDRESS

Albion

UNDERTAKER'S License No. 2368

21 Date received

Aug 7, 1941

E. A. Mahoney
Signature of Registrar or Subregistrar

Burial or
Transit

Permit issued by

E. A. Mahoney

Date of issue

Aug 7 1941

MEDICAL CERTIFICATION

22 DATE OF DEATH

Aug 6 1941 (Month, Day and Year)

23 I HEREBY CERTIFY, That I attended deceased from

Mar 1, 1941, to Aug 6, 1941

I last saw her alive on Aug 13, 1941

To the best of my knowledge, death occurred on the date
stated above, at 8:50 A.M.

Immediate cause of death

Coronary
Thrombosis

Due to

Arterio-sclerosis

Due to

hypertension

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Date _____

Of autopsy

What laboratory test was made?

24 If death was due to external cause, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur?

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or Town) (County) (State)

(Specify type of place) While at work?

(e) Means of injury

25 Signature

David G. Cooker

M.D.

Address

Albion N.Y. Date Aug 6 1941

DURATION OF CONDITION

Yrs. Mos. Dys.

3

9

PHYSICIAN
Underline the
cause to which
death should be
charged.